

## AMHERST HEALTH DEPARTMENT

70 BOLTWOOD WALK • AMHERST • MA • 01002

Office (413) 259-3077 Fax (413) 259-2404

Environmental Health Division (413) 259-3078

[www.amherstma.gov](http://www.amherstma.gov)

It is imperative that the Town of Amherst receives the completed application with the appropriate fees and attachments at least 60 (sixty) days prior to the opening of the camp. Do not submit an incomplete application. All line items must be completed. If you have questions, refer to the Massachusetts Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV – 105 CMR 430.000 or call our office at (413)259-3077. The aquatics, firearms and horseback riding instructors are the only line items where not applicable (n/a) is acceptable.

All camps must be prepared for inspection prior to opening day.

In order to insure better compliance of the 105 CMR 430.000 make sure you have all of the following items and information prior to the opening day of your camp. These items are crucial and most often overlooked. We have also provided a checklist on page 4 for your assurance of compliance.

- 1.) Get **C.O.R.I. and S.O.R.I.** checks for staff from state.
- 2.) All persons and staff receive **orientation** and **orientation plan in writing**.
- 3.) Have **written procedures for reporting child abuse** or neglect.
- 4.) Make sure that everyone who is going to attend the camp has the required certificates of **immunizations and physical exams** prior to the opening day of the camp (**make sure immunizations have dates when immunizations were given**).
- 5.) Make sure you have a signed and **written Health care agreement** with written orders for use by health care supervisor.
- 6.) Provide staff with copy of **written camp medical policy** and train staff in program's infection control procedures and implementation.
- 7.) Have a **medical log** in bound book with pre-numbered pages.
- 8.) Have **written contingency plans. Fire evacuation plan, Lost camper plan and Lost Swimmer plan.**
- 9.) Have a **written traffic control plan.**
- 10.) All medication prescribed for campers shall be kept in a locked storage cabinet used exclusively for medication, which is kept locked except when opened to obtain medication. **The cabinet shall be substantially constructed and anchored securely to a solid surface.**
- 11.) The operator shall print on any promotional literature or brochures the following, **"This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health."**
- 12.) **Please make sure that you fill out an application for a camp and send in the required fee along with the application and attachments.** Fee schedule on the bottom of the checklist.

Please Note: If you are applying for an original camp license, that is, the original camp license in each community where the camp is located, you must file a plan showing the following with the board of health at least 60 days before desired opening date (see MGL Ch. 140 S. 32A).

- Building, structures, fixtures and facilities
- Proposed source of water supply
- Works for disposal or sewage and waste water.

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## APPLICATION FOR A LICENSE TO CONDUCT A RECREATIONAL CAMP FOR CHILDREN

The undersigned hereby applies for a license in accordance with the provisions of the Statutes relating thereto  
Recreational Camps.

Name of Camp: \_\_\_\_\_ Date: \_\_\_\_\_

Site Address: \_\_\_\_\_

Site Telephone: \_\_\_\_\_

Name of Camp Owner: \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Camp Operator (if different): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Health Care Consultant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Type of Camp:   ☐ Day   ☐ Residential   Swimming Pool?   ☐ Yes   ☐ No   Meals Provided?   ☐ Yes   ☐ No

Hours of Operation: \_\_\_\_\_ Total Number of Sessions: \_\_\_\_\_

Session	Start Date	End Date	Camp Capacity	Staff Capacity Under 18 / Over 18
1				/
2				/
3				/
4				/
5				/
6				/

Signature of Applicant: \_\_\_\_\_

Official Title: \_\_\_\_\_ Date: \_\_\_\_\_

(over)

**CAMP DIRECTOR**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Coursework in camping administration: \_\_\_\_\_

Previous camp administration experience: \_\_\_\_\_

**HEALTH CARE CONSULTANT**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Type of Medical License (must be a physician, nurse practitioner, or physician assistant with pediatric training): \_\_\_\_\_

Massachusetts License Number: \_\_\_\_\_

**HEALTH SUPERVISOR**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Type of Medical License, Registration or Training (105 CMR 430.159 (C)): \_\_\_\_\_

**AQUATICS DIRECTOR**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Lifeguard Certificate issued by: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

American Red Cross CPR Certificate: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

American First Aid Certificate: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Previous aquatics supervisory experience: \_\_\_\_\_

**FIREARMS INSTRUCTOR**

Name: \_\_\_\_\_

National Rifle Assoc. Instructor's Card (or equivalent): \_\_\_\_\_

Date Certified: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**HORSEBACK RIDING INSTRUCTOR**

Name: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Stable Location: \_\_\_\_\_

Licensed in accordance with MGL Ch. 111 S 155, 158: Yes \_\_\_\_\_ No \_\_\_\_\_

## CHECKLIST

See the Massachusetts Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV – 105 CMR 430.000 and the guidance documents issued by the Department of Public Health, Division of Community Sanitation for additional assistance with developing the following documents. These can be obtained by the Massachusetts Department of Public Health, Boston, MA

Required list of documents that must be completed and submitted before your application for a license can be fully processed. **You are strongly encouraged to complete these documents as soon as possible and submit them sixty (60) days prior to opening camp.**

- ☐ **Application completed**
- ☐ **Attach a list of all supervisory staff (see below) including the names, ages (over or under 18 yrs.), applicable current certifications (if any), such as First Aid, and the anticipated role at the camp. Use as many pages as necessary to complete this.**
- ☐ **Appropriate fees submitted with application (see below)**

The following documents and policies must be available for inspectors 10 days prior to opening camp.

- ☐ Written agreement with Health Care Consultant
  - ☐ Campers' Medical Records: physical exams and certificates of immunization with dates.
  - ☐ Procedures for the background review of staff (CORI) (105 CMR 430.090)
  - ☐ Copy of Promotional Material (105 CMR 430.190(C))
  - ☐ Procedures for reporting suspected child abuse or neglect (105 CMR 430.093)
  - ☐ Health care policy (105 CMR 430.159(B))
  - ☐ Discipline policy (105 CMR 430.191)
  - ☐ Fire Evacuation plan (approved by local fire department) (105 CMR 430.210(A))
  - ☐ Disaster plan (105CMR 430.210(B))
  - ☐ Lost camper plan (105 CMR 430.210(C))
  - ☐ Lost swimmer plan (105 CMR 430.210(C))
  - ☐ Traffic control plan (105 CMR 430.210(D))
  - ☐ Day Camps – contingency plan (105 CMR 430.211)
  - ☐ Primitive, Trip or Travel Camps – Written itinerary, including sources of emergency care, and contingency plans (105 CMR 430.212).
  - ☐ Current certificate of occupancy from local building inspector (105 CMR 430.451).
  - ☐ Written statement of compliance from the local fire department (105 CMR 430.215).
  - ☐ If applying for initial license, lab analysis of private water supply (if applicable) (105 CMR 430.303).
- **Supervisory Staff** means those persons with the responsibility, authority and training to provide direct supervision to camper groups. This may include counselors, junior counselors, general activity leaders or other staff who provide supervision to campers without assistance.
  - **Fees** are calculated according to the number of sessions, which dictates the number of inspections required by the Town of Amherst. There will be an inspection prior to every session. Sessions are defined as a lot of time that an individual may sign up for to attend. **The initial session has a fee of \$300.00, and every session after that is an additional fee; 10 or less campers \$25.00/session, more than 10 campers \$75.00/session.**

\*No Charge for Initial Inspection & First Re-inspection. If violations after second inspection were not reconciled \$75.00 charge will apply for each Inspection Thereafter.

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